

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/598056**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13				1		
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40				1		
41				1		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	3	←	0	←
TOTAL CLAIMS	0		4		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53						
54						
55						
56						
57						
58						
59						
60						
61				1		
62				1		
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73				1		
74				1		
75				1		
76				1		
77				1		
78			1			
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85			1			
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99						
100						
TOTAL IND.	0	↓	3	↓	0	↓
TOTAL DEP.	0	←	26	←	0	←
TOTAL CLAIMS	0		29		0	